

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	12/12/2022 14:15 (SGT)
Reported by	Both
Date of Accident	11/12/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG AYE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD62G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM HONG CHEE
NRIC No	SXXXX574A
Email Address	francisl原因_1967@hotmail.com
Mobile Phone No	(Phone) +65-98358857
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22012921

DRIVER

Name of Driver	LIM HONG CHEE
NRIC No	SXXXX574A
Date Of Birth	09/12/1967
Occupation	Indoor

Date Of Driving Pass	12/01/1989
Driving experience	33 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98358857
Alt. Phone Number	-
Email Address	francislum_1967@hotmail.com
Address	21 HAZEL TERRACE
Address complement	# 10-10
Postcode	678946
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ANNE CHOOI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT- T/20221211/2053

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH THE DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN4809M
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ANNE CHOOI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK,BACK AND LEGS
Injured person in which vehicle?	SJD62G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

AYE

vJun2022

Describe Circumstance of the Accident

P/s refer to the police report: T/2022/211/2053

Declaration

I/We declare the foregoing particulars are true in every respect.

 12/12/22

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

 12/12/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20221211/2053

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20221211/2053

CONTINUATION OF REPORT

Brief Details.

On 11/12/2022 at about 1000hrs, I was driving my car (SJD62G) along AYE towards Tuas with my wife namely Anne Chooi as a passenger. Before the exit to Jurong Town Hall Road, the car in front of me slowed down to give way to a bus. Hence, I also slowed down. However, the lorry behind me (YN4809M) did not slow down in time and collided into the rear of my car.

My rear bumper was damaged whereby it was dented in and had scratches. I am unsure if there is any internal damage. I did not notice any damage to the lorry. No police or ambulance was at scene. I exchanged particulars with the lorry driver.

The lorry driver was not injured. However, both my wife and I felt pain on our necks, backs and legs. Hence, we went to Mount Alvernia Hospital and both of us were given an outpatient sick leave of 5 days from 11/12/2022 to 15/12/2022.

I wish to inform that I have a front and rear in-car camera which recorded the whole accident.























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Report No. T/20221211/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2022 17:18		Vide Report No.:		Station Diary No.: 84	
Informant's Particulars					
Name of Informant: LIM HONG CHEE			Address: 21 HAZEL PARK TERRACE #10-10 SINGAPORE 678946		
ID Type / ID No.: NRIC NO / S1829574A			Contact No.: Home/Office: Mobile: 98358857		
Nationality: SINGAPORE CITIZEN			Email: francisl原因_1967@hotmail.com		
Sex: Male	Age: 55	Date of Birth: 09/12/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2022 10:00	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD62G	Car	VOLKSWAGO N	PASSAT B8 1.8 TFSI AT SR NAV 17W 3G24JZ	White		1
YN4809M	Lorry	ISUZU		Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20221211/2053

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD62G	SHC INSURANCE PTE. LTD.	DMPG22012921	29/10/2022	28/10/2023

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Passenger

Name	ANNE CHOOI LEE PYNG	ID No.	S7277589I
Related Vehicle	SJD62G (Car)	Contact No.	97828397
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2022	Date Discharge	11/12/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Driver

Name	LIM HONG CHEE	ID No.	S1829574A
Related Vehicle	SJD62G (Car)	Contact No.	98358857
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/12/2022	Date Discharge	11/12/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Driver

Name	THANISLAS ROBIN ROBERT	ID No.	G6766052N
Related Vehicle	YN4809M (Lorry)	Contact No.	98279353
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



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Report No. T/20221211/2053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

J /

SGT 2 LIM LI HUI, YUKI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/12/2022 17:18

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168